

222133

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Trarhonda L. Gadsden dba Yellow Van Taxi

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2010 - 82 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Trarhonda L. Gadsden

Telephone: 843 270 8862

Address: 2215 Greenridge Rd. Ste 123

Fax: 843 270 8862

North Charleston, SC 29406

Other:

Email: tgadsden1@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
FEB 26 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: February 25, 2010

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Yellow Van Taxi, LLC

2215 Greenridge Rd. Ste. 123 North Charleston, South Carolina 29406

Street Address of Applicant

Mailing Address of Applicant if different from street address

843 270 8862

Phone

843 270 8862

Fax

tgadsden1@gmail.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Limited Liability Corporation

Trarhonda L. Gadsden 2215 Greenridge Rd. Ste. 123 North Charleston SC 29406

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month February Year 2010

Assets:

Cash	\$ 4000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	1 (13,500)
Garage Equipment (Net)	0
Machinery and Tools (Net)	1,800
Supplies on Hand	\$ 1,000
Prepays and Other Assets	3,950
Total Assets	24,000
<u>Liabilities and Equity:</u>	
Accounts Payable	520
Notes Payable	590
Mortgages Payable	750
Equipment Obligations	1495
Accrued Salaries and Wages	4500
Other Accrued Obligations	500
Other Liabilities	500
Total Liabilities	8250
Capital Stock	24000
Retained Earnings	15850
Total Equity	15850
Total Liabilities and Equity	24000

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Yellow Van Taxi, regular taxi fares are metered generated, meter rates will begin at \$ 3.00, and \$ 2.00 per mile.

Bag Fees are as followed:

The first 5 grocery bags are free, each additional bags are \$.50 (fifty - cents) each.

Sea Bags are \$.75 (seventy - five cents) each

Foot Lockers are \$ 1.25 (one dollar and twenty - five cents) each

Yellow Van Taxi Aviation Airport service fees are in accordance with Charleston County Aviation Authority, Charleston International Ordinance No. 2001 - 01 Ground Transportation Article 6 Fares Section 6.01 Metered Rates and Non - Metered Zone Rates.

Counties to be Served:

Charleston, Berkley, and Dorchester Counties

Maximum Number of Passengers per Vehicle:

7

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following Insurance quote is for:

GEICO

Name of Motor Carrier

One GEICO Center - Macon, GA 31295

Address of Motor Carrier

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 1400 +

Limits 50,000 / 100,000 / 25,000

The above quoted premium is for a term of 6 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

GEICO

Name of Insurance Company

One GEICO Center - Macon, GA 31295

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

February 24, 2010

Date

Crystle Leitheiser, Underwriting Department (see attach sheet)

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

GEICO**GEICO INDEMNITY COMPANY**

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)**INSURED**

TRARHONDA LEKEECIA GADSDEN
 2215 GREENBRIDGE RD
 APT 123
 N CHARLESTON, SC 29406-8410

Policy Number: 4188474334
 Effective Date: 02-25-10
 Expiration Date: 08-25-10
 Registered State: SOUTH CAROLINA

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 2008
 Make: DODGE
 Model: CARAVAN SE
 VIN: 2D8HN44H88R794910

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$50,000/\$100,000	
PROPERTY DAMAGE LIABILITY	\$25,000	
UNINSURED MOTORIST BODILY INJ	\$50,000/\$100,000	
PROPERTY DAMAGE	\$25,000	\$200 DED
UNDERINSURED MOTORIST BODILY INJ	\$50,000/\$100,000	
PROPERTY DAMAGE	\$25,000	
COMPREHENSIVE		\$500 DED
COLLISION		\$500 DED
EMERGENCY ROAD SERVICE	FULL	NON-DED
RENTAL REIMBURSEMENT	\$30/DAY-\$900 MAX	

☒ Lienholder☐ Additional Insured☐ Interested Party

J.P. MORGAN CHASE BANK
 P.O. BOX 901033
 FORT WORTH, TX 76101-2033

Additional Information:

Issued 02/24/2010

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.

Exhibit FWA

TraRhonda L. Gadsden

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.
☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.
☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
☒ Yes ☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF Charleston)

Trarhonda L. Gadsden
Applicant's Signature

I, Trarhonda L. Gadsden, Owner
Name of Applicant's Representative Title

of Yellow Van Taxi, LLC,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Trarhonda L. Gadsden
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 25th day of February, 2010
Chris H. Clifton
Notary Public
Commission Expires 10-18-14
SOUTH CAROLINA

**North Charleston, South Carolina***Business License - North Charleston***License #: LIC-2-10-43468**02/08/2010

Date Issued

Company Name

YELLOW VAN TAXI

Business Name

YELLOW VAN TAXI

Type of Occupation

TAXI SERVICE2215 GREENRIDGE RD Suite 123
North Charleston, SC 29406

Location

2215 GREENRIDGE RD Suite 123
North Charleston, SC 29406

Mailing Address

Posted in a visible location in the business establishment

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Yellow Van Taxi, LLC

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

2215 Greenridge Rd. Ste. 123

Street Address

Charleston

29406

City

Zip Code

3. The initial agent for service of process is

Trarhonda L. Gadsden

Name



Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

2215 Greenridge Rd. Ste. 123

Street Address

Charleston

29406

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Trarhonda L. Gadsden

Name

2215 Greenridge Rd. Ste. 123

Street Address

Charleston

SC

29406

City

State

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

CONFIRMED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

FEB 04 2010
FEB 1 2010

APPLICATION TO RESERVE
A LIMITED LIABILITY COMPANY NAME

Mark Hammond
SECRETARY OF STATE

The applicant applies to reserve the exclusive use of a Limited Liability Company name (including in accordance with Section 33-44-1005 of the 1976 South Carolina Code of Laws, as amended a fictitious name for a foreign Limited Liability Company whose name is not available), for a non-renewable one hundred and twenty (120) day period as provided in Section 33-44-106 of the 1976 South Carolina Code of Laws, as amended.

1. The Limited Liability Company name to be reserved which complies with the requirements of Section 33-44-105 or Section 33-43-1005 of the 1976 South Carolina Code of Laws, as amended, is Yellow Van Taxi

2. The name and address of the applicant is

Trarhonda L. Gadsden

Name

2215 Greenridge Rd. Ste. 123

Street Address

Charleston

South Carolina

29406

City

State

Zip Code

Date February 3, 2010

Trarhonda L. Gadsden
Signature of Applicant

FILING INSTRUCTIONS

1. File two copies of this application, the original and either a duplicate original or a conformed copy.
2. This application must be accompanied by the filing fee of \$25.00, payable to the Secretary of State.

Return to: Secretary of State
PO Box 11350
Columbia SC 29211

NOTE

RESERVING THIS CORPORATE NAME DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE.

100205-0016
YELLOW VAN TAXI

FILED: 02/04/2010

Filing Fee: \$25.00 ORIG

Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company Yellow Van Taxi

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified, Yellow Van Taxi
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

Yellow Van Taxi, LLC
(843) 906-3555

PAY TO THE ORDER OF Secretary of State DATE 2/24/2010

one hundred & ten 00/100 \$ 110.00

CAROLINA FIRST

FOR Filing of

Wendell Adams

100


8. Unless a delayed effective date is specified, these articles will be filed by the Secretary of State. Specify any delayed effective date and time.
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Wendell Adams
Signature of Organizer

2/2/10
Date

Signature of Organizer

Date

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Form: SS-4

Number of this notice: CP 575 B

YELLOW VAN TAXI LLC
TRARHONDA L GADSDEN MBR
2215 GREENRIDGE RD APT 123
N CHARLESTON, SC 29406

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you
EIN This EIN will identify you, your business accounts, tax returns, and
documents, even if you have no employees. Please keep this notice in your permanent
records.

When filing tax documents, payments, and related correspondence, it is very important
that you use your EIN and complete name and address exactly as shown above. Any variation
may cause a delay in processing, result in incorrect information in your account, or even
cause you to be assigned more than one EIN. If the information is not correct as shown
above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file
the following form(s) by the date(s) shown.

Form 1065

04/15/2011

If you have questions about the form(s) or the due date(s) shown, you can call us at
the phone number or write to us at the address shown at the top of this notice. If you
need help in determining your annual accounting period (tax year), see Publication 538,
Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your
representative. It is not a legal determination of your tax classification, and is not
binding on the IRS. If you want a legal determination of your tax classification, you may
request a private letter ruling from the IRS under the guidelines in Revenue Procedure
2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note:
Certain tax classification elections can be requested by filing Form 8832, *Entity
Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification
Election*, and elect to be classified as an association taxable as a corporation. If
the LLC is eligible to be treated as a corporation that meets certain tests and it
will be electing S corporation status, it must timely file Form 2553, *Election by a
Small Business Corporation*. The LLC will be treated as a corporation as of the
effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice,
visit our Web site at www.irs.gov. If you do not have access to the Internet, call
1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.